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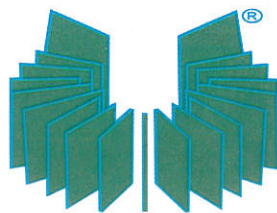
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NURSING HISTORY, FOUNDATION AND PRACTICE IN NIGERIA BY DR. UMAR, N. JIBRIL.RN.FWACN, PGDE, CERT. IN HIS,HP/MGT.

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In the beginning God Almighty created Adam and Eve and sent down to the surface of the earth which probably brought about human interaction with the environment. Adam and Eve cohabited as husband and wife and exhibited the functions of procreation that gave birth to several generations that serves as bases for family institution. The resultant interaction between man and his environment brought about human bodily adjustment to environmental components. The art of nursing may be traced to the first generations born into this world through Adam and Eve genealogical profile. The children were nurtured from birth to adult and all health challenges were also resolved by way of divine intervention and act of man on various herbs used as remedies for curing ill health. The individuals rendering such care were regarded as a care giver (Nurse). This role has been traditionally defined by groups, communities and societies in which nursing was practiced. Since time in memorial, nursing act has been an approach used in given care to the sick and needy in the society.

Health and nursing care has grown from what they were in the past to what it is currently known and practiced as health and nursing care services. Most early civilizations believed that illness has supernatural causes as this is claimed by most African traditional settings in the world. In Africa continent, various communities associated etiology of illnesses and diseases to evil spirit and individual act of misconduct in the society. The theory of animism attempted to explain the cause of mysterious events as changes in human bodily functions. This theory was based on the belief that everything in nature was alive with invisible forces endowed with power. This further posited that good spirits brought good health; evil spirits brought sickness and death. The assertion was similarly expressed in some part of Nigeria that illness is caused as a result of the victims' bad deeds or thought, some viewed it as anger from God (or gods as in the case of traditional believers) resulting from an abominable sins committed by the group of people or individuals in the society.

In whatever, assumption or perception associated to the cause of illnesses in

various communities, the care of the victims are vested on an individual or family members known to have possess supernatural powers to combat the evil forces believed to have been the cause of specific illness. As civilizations grew, temples became the centers of medical care because of the belief that illness was caused by sin and the gods' displeasure (i.e., disease literally means "dis-ease"). Priests were highly regarded as physicians, but neither human life nor women were valued by society. In some societies, the nurse was viewed as a slave, carrying out menial task base on the order of the priest-physician. During the same period, the ancient Hebrews developed rules for ethical human relationships, mental health, and disease control through the Ten Commandments and the mosaic health code. Nurses cared for sick people in the home and the community and also practice as nurse-midwives (Dolan, Fitzpatrick, and Herrmann, 1983).

Early Nursing Practice

In the early Christian period, nursing began to have a formal and more clearly defined role, led by the belief that love and caring for others was important, women called deaconesses made the first organized visits to sick people, and members of male religious orders gave nursing care and buried the dead. Both male and female nursing orders were founded during the crusades. Hospitals were built for the enormous number of pilgrims needing health care, and nursing became a respected vocation. Although the early middle age ended in chaos though, nursing had developed purpose, direction, and leadership.

At the beginning of the 16th century, many western societies changed from having a religious orientation to emphasizing warfare, exploration, and expansion of knowledge. Many Monasteries and convents closed, leading to a tremendous shortage of people to care for the sick. To meet this need, women who had committed crimes were recruited into nursing in lieu of serving jail sentences. Along with a poor reputation, nurses received low pay and work long hours in unfavorable conditions. From the middle of the 18th century to the 19th century, social reforms changed the roles of nurses and women in general. It was during this time that nursing began to evolve to a professional status we are witnessing today, based on many beliefs and excellent role model laid down by Florence Nightingale.

Florence Nightingale and Nursing Practice

Florence Nightingale was born in 1820 to a wealthy family, she grew up in England, well-educated and traveled extensively. Despite strong opposition from her family, Miss Nightingale undertook the nurse's training at the age of 31 years. The outbreak of the Crimean war and request by the British to organize nursing care for a military hospital in Turkey gave Miss Nightingale an opportunity for achievement (Kalishand Kalish, 1995). As she successfully overcame enormous difficulties and family challenges, Miss Nightingale challenged prejudices against women elevated the status of all nurses. After the war, she returned to England where she established a training school for nurses and wrote books about health care and nursing education. Florence Nightingale's contributions are numerous and far-reaching, the following are some of her contributions to health and nursing;

1. Identifying the relationship between environment, sanitation and human health
2. Identifying the personal needs of the patient and the role of nurse in meeting those needs.
3. Establishing standards hospital management.
4. Establishing a respected occupation for women
5. Establishing nursing education
6. Recognizing the two component of nursing---health and illness
7. Believing that nursing is separate and distinct from medicine
8. Recognizing that nutrition is important to health
9. Instituting occupation and recreational therapy for sick people
10. Stressing the need for continuing education for nurses
11. Maintaining accurate records, recognized as the beginnings of nursing research.

Florence Nightingale elevated the status of nursing to a respected occupation, improved the quality of nursing care, and founded a modern nursing education.

Nursing Practice in Nigeria

Although, nursing and nursing practice in Nigeria has been from time in memorial where the sick are been cared for by the family members and or noticeable medicine man and woman in the community. The history of nursing can however be traced as far back as in 1882 even before the Nightingale era, when the first movement

for the recognition and registration of nurses were introduced. International bodies were formed; Emigrate Royal British Nurses Council of Nurses established in 1893 and international council of nurses was established with headquarters in Geneva, Switzerland and branches all over the world. Also, in 1926, the British College of Nurses was founded (Nurses world, 2016).

The first African-American graduate nurse was Mary, E. Mahoney, who promoted integration and better working condition, for black patients and healthcare workers. Nursing came to Nigeria through the British Colonial masters who provided services and medical care for wounded soldiers at the further worth Hospital. Later the first nursing home in Nigeria was in Jericho, Ibadan by the government of the British Colonial masters. Later the missionaries and their wives came to complement government effort by setting up Mission homes, Dispensaries etc. and commence the training of Nurses in Nigeria. Although, there was problems of language barrier in the beginning as there was no formal training rather people received training while on the Job where they acquire skills and the practical aspect of care are been rendered by nursing surgery cases.

Nursing Training in Nigeria

The regional Government in Nigeria began the training of nurses by settings individual regional standard however, the formal training of nurses in Nigeria started after the establishment of the Nursing Council of Nigeria with the preliminary Training School (PTS) for nurses, based in Lagos but later transferred to Ibadan (capital of the West) as one of 3 such schools in the country. The others were in Kano (in the North) and Aba (in the East). Whereas the 2 schools in the South (Ibadan and Aba) had only a 6-month program, that in the North (Kano) had 2 courses, one of them admitted students with lesser qualifications and the program lasted for 1 year, while the other program of 6 months duration was for students with a higher entry qualification. By 1954, 23 (all men) graduated from the Kano School, 40 (16 women and 24 men) graduated from the Aba School and 71 (42 women and 29 men) graduated from the Ibadan School (Frank, 1953). As was the case with doctors, there was displeasure expressed over the incomplete training of nurses who received local training. This subsequently led to the establishment of 3-year nursing schools programmes at designated government hospitals, 7 in the North, 6 in the East and 8 in the West. In addition, the Nursing Council

granted recognition to 17 missionary built programs for training of full-fledged nurses and PTS nurses. By 1955 there were 100 female student nurses at the University College Hospital Ibadan receiving British-type State registered Nurse's (SRN) training.

There were 2 cadres of midwifery schools in Nigeria, one trained Grade I Midwives and the other trained Grade II Midwives, the latter being a lower standard of entry qualifications and training. Grade I Midwives were trained in designated government centers and by 1954, 12 women had graduated from the Northern School in Kaduna, 23 from the Eastern School in Aba, 10 women from the other Eastern school in Calabar, and 20 women from both Massey Street, Lagos and Ade-Oyo Hospital, Ibadan in the West. Grade II midwives were trained in missionary hospitals or Native Authority (equivalent of present day local government area) facilities. These individuals worked mostly in rural areas and in 1954, 5 were trained in the North, 21 in the East and 103 in the West. (Ehiemere; 2009).

In 1965, department of Nursing was established in the University of Ibadan to commence a degree programme in Nigeria. Later on, University of Ife and University of Nigeria, Enugu also started degree programme in 1973. At present we have about 41 departments of nursing across the states of Nigeria Federation. More degree awarding institutions (public and private) has been granted the license to produce degree holder in Nursing. Among them are Ahmadu Bello University, Zaria; University of Calabar, Calabar; Ladoke Akintola University (LAUTECH), Ogbomosho; University of Ilorin among others. The private University was also licensed by the Nursing and Midwifery Council of Nigeria to establish department of nursing sciences, among this are; Babcock University, Ilesha; Lead City University; Madonna University among others started degree in Nursing.

Fundamentals of Nursing Sciences

Nurses, according to the ICN Code of Ethics as reviewed in 2005, have four fundamental responsibilities:

1. to promote health,
2. to prevent illness,
3. to restore health and
4. to alleviate suffering.

The need for nursing is universal. Inherent in nursing is respect for human

rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status. Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Before 1981, nursing was adjudged a vocation in Nigeria, but by virtue of the Industrial Arbitration Panel (IAP) award of 1981, nursing got the recognition of a full-fledged profession. Arising from that pronouncement, the association has been working with the N&MCN to take nursing to the highest pedestal of professionalism, and one of the ways is through nursing education reforms.

Nursing Education reform in Nigeria

In order to meet up with the numerous demands for quality health care delivery in this era of technology, the NMCN has since taken necessary steps to implement the reforms; specifically on the following steps taken so far.

1. Review of entry requirement into schools of nursing and basic midwifery in line with entry requirement into University, which is credit pass in physics, chemistry, biology, mathematics and English language at ordinary level at not more than two sittings.
2. Upgrading of facilities in schools of Basic and Post Basic Nursing Education nationwide.
3. Nursing manpower development and capacity building.
4. Absorption (assimilation of schools of nursing) into the University.
5. Restructuring of conventional system of nursing education for the award of academic certificate.

Entry requirement

This has been implemented fully, starting from November 2006 intake for General nursing and March 2006 intake for Basic midwifery

Upgrading of facility in Basic & Post Basic Schools of Nursing

As a result of the nationwide accreditation exercises and subsequent re-accreditation visits, there has been improvement in the available teaching and

learning facilities in the nursing educational institutions, though there is still room for improvement.

Manpower Development and Capacity Building

In order to solve the problem of shortage of manpower especially in nursing education, nurses are being encouraged to undertake degree programmes in nursing. In addition, the nursing and midwifery Council of Nigeria is also soliciting for the support of international organization / agencies in the sponsorship of nurses for higher degrees in nursing. According to NMCN (2011), a position paper has been written to organizations such as WHO, UNESCO, UNICEF, Canadian nurses association (CAN), commonwealth nurses federation to mention a few on the over whelming nursing empower need in Nigeria.

The council is also encouraging older department of nursing to start post graduate programme in nursing. Currently there are only three departments of nursing in Nigeria running post graduate programmes in nursing namely University of Ibadan, OAU Ile-Ife and University of Nigeria, Enugu campus (UNEC)

1. The council is working with NUC to:

* Explore opportunity for the establishment of more part time nursing programme in the University. Presently, it is only OAU Ile-Ife and LAUTECH that are running such programmes.

* Ensure due process is followed so that nurses who graduate from the National Open University of Nigeria have equal recognition as their counterparts from the regular programme.

2. Nurse Tutors Programme:

The nursing and midwifery council of Nigeria in collaboration with the Department of Hospital Services, FMH have developed a curriculum for Post Graduate Diploma in Nursing Education (PGDNE) to replace the current nurse-tutor's Diploma Programme. The curriculum has been approved by NUC. This

programme is designed for graduate nurses who are interested in becoming nurse educationist. In furtherance for the pursuance of nursing education at higher degree level, the NMCN in collaboration with NUC have developed a curriculum for Post Graduate Diploma in Nursing (PGDN). This programme is designed for nurses who have degree in other science based disciplines such as sociology, psychology, health education, nutrition etc. The Council has issued a circular to all Department of Nursing Sciences in Nigeria that meet up the minimum academic standard to commence the implementation of the curriculum for PGDN programme.

3. Absorption/Assimilation of schools by Universities as at date, no nursing educational institution has completed the process of absorption/assimilation by a university in Nigeria. (NMCN 2011).

Conclusion

In conclusion, nursing history in Africa particularly in Nigeria has been poorly documented as no comprehensive record has been cited however, individual or groups have been making efforts to harvest pieces of information regarding the history, foundation and beginning of nursing practice in Nigeria. This article attempted to harmonize the contribution of individuals that has made an impact on the history of nursing education and practice in Nigeria. The search for comprehensive data with respect to nursing education and practice in Nigeria is in exhaustive; the Author of this article will be glad for more contributions in this direction.

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